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ABSTRACT

One means of dealing with manpower problems is to develop career mobility programs which give employees the opportunity to advance, in terms of responsibility and income, to jobs where there are manpower shortages. The material developed in this publication is designed to guide health care institutions, educational institutions, and other interested agencies in planning and operating career mobility programs. Contents include a policy statement from the American Hospital Association, a rationale for career mobility programs, guidelines, which contain considerations and procedures for planning and implementing a program, and a glossary of career mobility terms. Included as an additional resource for planning are descriptions of 15 career mobility programs located in hospitals, neighborhood health centers, and educational institutions. Each description contains a title, location, date of initiation, program purposes, and source of further information. (SB)

CAREER MOBILITY

CAREER MOBILITY:
A Guide for Program Planning in Health Occupations

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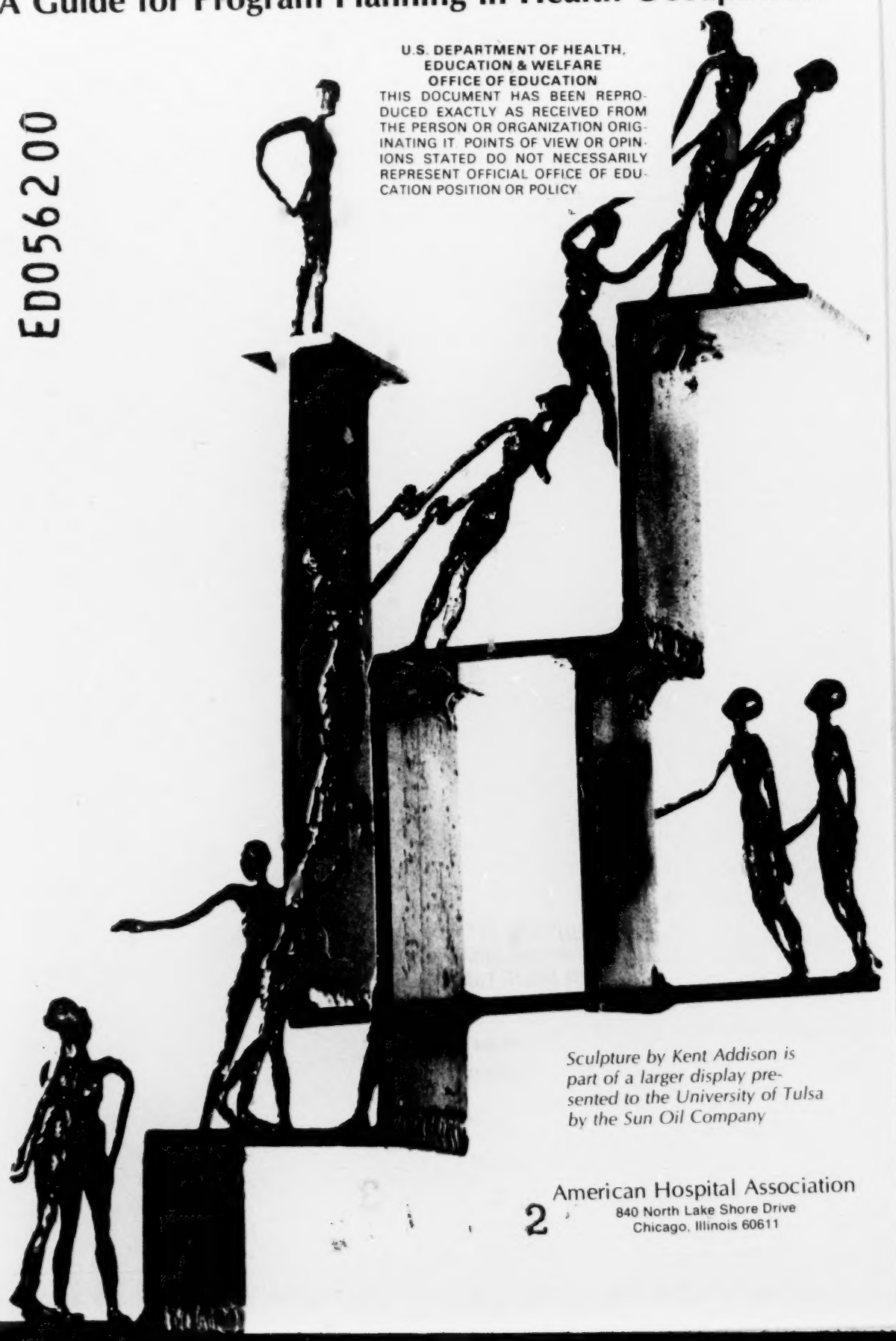

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FOREWORD

This publication is the result of the American Hospital Association's interest in exploring ways to enlarge the opportunities for career advancement of employees of health care institutions. A Special Committee on Career Mobility was appointed under the Council on Manpower and Education to investigate such opportunities. The material developed and presented here was designed to guide health care institutions, educational institutions, and other interested agencies in planning and operating career mobility programs. This booklet contains the following sections:

First is the American Hospital Association's policy statement on career mobility, developed to encourage its membership to design programs that will give employees opportunities to advance and that ultimately will improve the quality of patient care.

The policy statement is followed by a rationale for career mobility programs. It is directed toward administrators of health care institutions who must determine whether to establish such programs. The rationale suggests the potential benefits a career mobility program will have for employees, institutions, and the communities they serve.

The next section contains the guidelines for planning and implementing a career mobility program. It is written for those individuals who will be responsible for the actual development and operation of the program. The guidelines suggest some elements and resources to be considered and procedures to be undertaken in order to establish a program. There is no attempt to advocate a single approach to program development, because it is essential that the planner use the resources and methodology appropriate to his particular institution and program.

Finally, there is a glossary that defines career mobility terms as they are used in this publication.

Edwin L. Crosby, M.D.
Executive President
American Hospital Association

STATEMENT ON CAREER MOBILITY PROGRAMS

The American Hospital Association strongly encourages its members to develop career mobility programs, which can give employees opportunities to advance in terms of responsibility and income and can ultimately affect the quality of patient care by:

1. Reducing manpower shortages in the skilled and semiskilled occupations by training current personnel for positions in the shortage areas.

2. Reducing the rate of turnover by opening opportunities for employees through training for advancement and thereby providing a more stable staff for the institution.

3. Breaking down some of the barriers to job advancement in health occupations by:

   a. Developing occupational ladders that would define job pathways built on job activities performed at lower levels but related in terms of skill and knowledge.
   b. Developing educational ladders that would define sequential levels of education and experience and permit individuals to progress upward through these levels without duplicating previously acquired training.
   c. Developing released-time courses of study as well as support activities, such as counseling, that would enable individuals to meet the requirements for upward mobility while retaining their regular employment.

4. Using many of the established techniques for job upgrading and combining them into a coordinated program that will offer employees genuine advancement, meet the manpower needs of health care institutions, and improve health care in the communities they serve.

This statement was approved by the American Hospital Association, March 12, 1971.

RATIONALE FOR CAREER MOBILITY PROGRAMS

Health care institutions are dedicated to providing their patients with high-quality care. One factor that affects the quality of health care is whether there is an adequate supply of manpower to fill all the technical and highly specialized occupations in health care institutions. In recent years, increases in demand for health care and expansion of service programs have created manpower shortages in health care institutions. Despite the fact that during the last decade the growth rate in employment in the health services industry was more than three times the average rate for the economy as a whole in the same period, the demand for medical care continued to exceed the nation's health manpower resources.[1]

Many health care institutions are giving support to the concept of career mobility as one means of dealing with their manpower problems. Career mobility programs give employees the opportunity to advance, in terms of responsibility and income, to jobs in the areas of shortage. The result should be a better use of available manpower and the chance to ultimately improve the quality of patient care.

[1]U.S. Department of Labor. *Manpower Report of the President* (Washington, D.C.: U.S. Government Printing Office, March 1970), p. 174.

Reports indicate that the shortages are, and will continue to be, in skilled and semiskilled positions. Increased vocationally oriented post-secondary education will be necessary for the complex job skills needed in this technological age.[2] There is an increasing demand for skilled and professional workers among medical laboratory and radiologic personnel, nurses, and physicians. For example, in the New York City Department of Hospitals there were 270 vacancies for nursing aide positions, but approximately 3500 nursing aides were working in positions budgeted for registered nurses and practical nurses.[3]

Because the primary manpower shortages are in the skilled and professional areas, not at the lower-level jobs, it seems practical to train persons who are already employed in health care institutions to fill positions where shortages exist. It has been reported that the wage costs of training employees for upgrading do not go beyond the costs of staffing the vacant jobs; that the wage costs are actually lower during the training period; and that after the vacancies are filled and training ceases, the newly placed trainees are at minimum salary rates, perhaps less than if the vacancies had been filled through recruitment.[4]

Another manpower problem of health care institutions is that of employee turnover. Whereas a low turnover rate can have a beneficial effect on the quality of patient care by providing a more stable staff that is familiar with hospital procedures and services, a high turnover rate can have adverse effects on the operation of a health care institution.

According to a study conducted in voluntary hospitals in New York, New Jersey, and Pennsylvania, the turnover rate is high—ranging between 36 and 72 per cent annually—among permanent employees.[5] The minimum direct cost for replacing a worker probably ranges from 300 to 700 times the hourly pay cost for that position.

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[2]U.S. Department of Labor. *Occupational Outlook Handbook* (Washington, D.C.: U.S. Government Printing Office, 1970-71 ed.), pp. 16-18.

[3]Figures furnished by the Nursing Education and Nursing Service Department of the New York City Department of Hospitals, 1968.

[4]Gilpatrick, E. *Train Practical Nurses To Become Registered Nurses: A Survey of the PN Point of View* (New York: Research Foundation, City University of New York, June 1968).

[5]United Hospital Fund of New York. *Analyzing and Reducing Employee Turnover in Hospitals* (New York: the Fund, Feb. 1968).

(Some estimates for the replacement of one employee have been as high as $2000.) The study also discussed some indirect costs of high turnover, such as decreasing competence in the staff; lowered morale; selective terminations due to extra work loads; and "filling in" with staff from above and below, which negates the reasons for salary differentials. On the basis of this information, it can be assumed that the provision of upward mobility would reduce the costs of turnover sufficiently to offset the costs of investing resources in training and upgrading current personnel.

Career mobility programs, by offering opportunities for advancement, can play a role in recruiting new employees as well as in inducing highly motivated employees in low-skilled positions to remain and train for advancement. For example, the food service department of one hospital has been conducting a career mobility program to upgrade unskilled employees to semiskilled and skilled positions. In 1969 the turnover rate in that department was 24 per cent among full-time employees, whereas during the same period the turnover rate for the entire hospital was 51 per cent.[6]

High turnover is not confined simply to low-skilled workers. The turnover rate among those who quit voluntarily because of better opportunities elsewhere is a factor with which health care institutions must also contend. By opening up opportunities for job alternatives to individuals within the institution, career mobility programs can reduce the rate of resignations.

These manpower problems are not unique to health care institutions. A recent study of 11 other major industries showed that although technology has made some jobs simpler, it has created others that require higher skills for maintenance and operation of equipment.[7] The gap created between low-skilled and higher-skilled jobs has made it increasingly difficult to bridge that difference with the usual on-the-job training. One company, with a shortage of skilled labor and a high turnover rate among entry-level employees, instituted an up-

[6]Interview with dietitian, The Brooklyn Hospital, Brooklyn, N.Y., 1970.
[7]E. F. Shelley & Co., Inc., *Climbing the Job Ladder: A Study of Employee Advancement in Industry* (1970), p. 13.

grading program.[8] It was assumed that reducing entry-level turnover would save sufficient funds to implement a career mobility program, and it appears that productive gains were achieved as a consequence of upgrading.

Career mobility not only is in the best interests of the employer but also is of particular value to employees of health care institutions. The importance of the concept stems from a widely shared belief that an individual should be able to advance if his performance indicates the capability and inclination necessary for increased responsibility and higher income. It has become increasingly apparent that entry into a health occupation often precludes upward mobility for the individual, regardless of his performance and potential.

Advancement for many health personnel requires the individual to return to a formal educational program on a full-time basis. Most individuals are not in a financial position to relinquish their income even for a short period of time, as well as incur other expenses for education. Moreover, many educational programs in health occupations require students to repeat courses completed in previous training or experience acquired on former jobs. Licensure and other certification requirements create similar problems by forcing an individual to fulfill educational requirements he may have met in other ways. Thus, the possibility of job advancement is limited—and may appear to be impossible.

Career mobility programs would attempt to break down some of these barriers by the development of: (1) occupational ladders that would define job pathways built on job activities performed at lower levels but related in terms of skill and knowledge; (2) educational ladders that would define sequential levels of education and experience and permit individuals to progress upward through these levels without duplicating previously acquired training; and (3) released-time courses of study, as well as support activities such as counseling, that would enable individuals to meet the requirements for upward mobility while they retain their regular jobs and that would assist individuals to make informed choices about career goals.

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[8]Jacobson, L. New careers. *Training in Business and Industry* 7:26, Aug. 1970.

By supporting career mobility programs, many health care institutions would be following their tradition of maintaining a wide variety of personnel policies to provide attractive working conditions and to encourage job advancement. On-the-job training, scholarships, loans and other forms of tuition assistance to acquire education, job enlargement, postings of openings, and promotion from within the organization are among accepted personnel practices. Such personnel policies are essential in order to have a career mobility program. It should be noted that many health care institutions are already heavily engaged in educational programs, although these programs often are not systematically directed toward achieving upward mobility for employees.

Thus, the concept of career mobility uses many of the established techniques for upgrading. It attempts to combine accepted personnel practices and educational programs into a coordinated program that offers employees advancement through various steps of a health career, that meets the manpower needs of health care institutions, and that improves health care.

GUIDELINES FOR PLANNING AND IMPLEMENTING CAREER MOBILITY PROGRAMS

Introduction

The guidelines on page 12 present some basic elements to be considered in the development of a career mobility program. The suggestions are equally applicable to a single institution or to a group of health care and educational institutions. In fact, the guidelines stress the need for collaboration and cooperation with other health care institutions and educational institutions and suggest the appropriate role for each.

There are at least two aspects to career mobility:

1. One is the development of job ladders and employment opportunities within the health care institution. This is the responsibility of the health care system.

2. The other aspect is the development of educational ladders and programs to provide employees with the appropriate educational preparation for ascending these job ladders into new positions within the health care institution. Continuing education and training is the responsibility of the health care system, with the assistance of the educational system. When the health care institution plans to carry out the educational program, it is responsible for the development of the program. When educational institutions are assuming the responsibility for the development of the educational component, health care institutions provide consultation. In other words, each kind of institution must make decisions only for what is correctly in its own jurisdiction.

Different educational institutions traditionally have been associated with particular kinds of programs. Secondary schools concentrate in training aide-level positions. Post-secondary institutions and community and junior colleges specialize in programs for technician-level positions. Four-year institutions of higher education train for professional-level positions. However, this structure within educational institutions may not always exist, because resources vary considerably among them. Consequently, not all the guidelines will apply to all institutions.

The nine guidelines listed should be pursued in the process of program development. Each guideline is followed by a discussion on the means to accomplish it. Guidelines 1 and 2 explore the feasibility of initiating a career mobility program based on institutional need. Once the decision is made to implement such a program, guidelines 3 through 9 should be reviewed. These contain a discussion of the development and operation of a career mobility program. They include a description of the steps used to develop job ladders and the educational programs required to ascend these ladders. The guidelines suggest administrative policies and procedures, financial arrangements for the operation of the program, procedures for the selection of participants, and methods of evaluating the program.

Pursuant to the development of a career mobility program, a note of caution is in order: Although the benefits of career mobility programs, such as improved morale and job performance, should be readily apparent, the program may have to go through several cycles before economic benefits can be observed. The development of a career mobility program is a complex process that requires a broad range of human, technical, and financial resources. These resources must mesh as the result of adequate planning, effective execution, and a commitment to the concept of career mobility and what it can do to improve patient care and employee performance.

Synopsis

Guideline 1. Define the institution's need for a career mobility program and select the occupations for which to develop such a program.

The potential value of such a program to reduce manpower shortages, reduce employee turnover, improve employee morale, and generally improve patient care should be assessed in determining the institution's need.

Guideline 2. Assess the feasibility of implementing a career mobility program.

The size, location, and resources of an institution should be considered to determine whether it should implement its own program

or whether it should solicit the involvement of other health care institutions and/or educational institutions.

Guideline 3. Select the jobs at each level of the occupational category chosen and develop the corresponding job ladders for the career mobility program.

The development of career ladders requires the establishment of promotional steps, in sequences, that link jobs in the same family of skills and knowledge.

Guideline 4. Identify and develop educational ladders and educational programs to meet the requirements of established job ladders. Develop support activities to help implement the program.

The development of educational ladders and educational programs requires identification of educational objectives and selection of courses, with the assistance of educational institutions that can help develop programs to meet these objectives. The development of orientation programs for supervisors and trainees is also required.

Guideline 5. Determine the costs of a career mobility program.

Program costs include such factors as planning and development activities, released time for trainees or relief replacement workers, tuition fees, and staff for teaching and program administration.

Guideline 6. Determine standards and procedures for selecting trainees to participate in a career mobility program. Accept applications and identify trainees for the program in consultation with all other participating institutions.

Criteria for selecting trainees could include their potential, current and previous job performances, seniority, education, and interest in job advancement.

Guideline 7. Develop administrative policies and procedures to facilitate implementation of a career mobility program.

Administrative arrangements for operating a career mobility program should include adjustment of trainee work schedules to accommodate educational programs, possible provision for relief of trainees during training and upon completion of the program, provision for appropriate utilization, and recognition of trainees upon satisfactory completion of the program.

Guideline 8. Establish safeguards for the protection of patients, health care institutions, educational institutions, and trainees during the career mobility training.

Safeguards during training should include adequate supervision; periodic evaluation of trainee performance; and provision of procedure manuals, job descriptions, and liability insurance.

Guideline 9. Evaluate the effectiveness of the program. Determine what changes can be made to improve the operation of the program.

Evaluation procedures should include reviews of the success of trainees, administrative arrangements, costs, and quality of patient care, plus overall judgment of whether the program fulfilled the needs for which it was implemented.

Guidelines

Guideline 1. Define the institution's need for a career mobility program and select the occupations for which to develop such a program.

Personnel Involved

Discussions related to the need for a career mobility program should be initiated by the administrator of the health care institution with a team composed of the personnel director; the education or training director; department heads; staff representatives from medical, nursing, and allied health professions; and representatives of employee organizations such as unions and professional associations.

Subjects for Consideration

The need to implement a career mobility program should be determined by its potential value to the operation of the health care institution and to the improvement of patient care. In this regard, several factors should be considered:

1. Assess the areas of manpower shortage in the institution and determine whether a career mobility program could reduce those shortages in skilled and semiskilled jobs and result in a more appropriate use of available manpower.

The guidelines were approved by the American Hospital Association, March 12, 1971.

2. Assess the turnover rate among employees and determine whether such a program could reduce that rate and produce a beneficial effect on employee morale and productivity.

3. Assess the services provided by the institution, because these services affect the kinds of personnel needed. For example, a hospital that specializes in psychiatric care might be interested in developing a career ladder for mental health workers.

4. Consider various occupational groupings in which to develop a program.

Guideline 2. Assess the feasibility of implementing a career mobility program.

Personnel Involved

Pertinent discussions should be undertaken by the staff previously mentioned and by representatives from educational institutions interested in allied health education programs.

Subjects for Consideration

A calculation should be made of the resources available to determine whether an institution can implement such a program on its own or whether it should solicit the involvement of other health care institutions and/or educational institutions.

1. Assess the size of the institution in terms of the numbers and levels of employees in each occupation. The nature of the program should be based on available and potential gradations in positions and in opportunities for advancement. The larger the number of people needed, the more realistic it may be to implement a program. On the other hand, the smaller the number of people involved, the more the institution would be concerned with upgrading and broadening the responsibilities of only a few employees at a time. For such an institution, it might be appropriate to identify what community educational resources are available or could be developed to help upgrade its health care personnel. In that case, the educational component should be developed by the educational institution.

2. Consider the location of the institution in terms of access to educational resources and other support services for a career mobility program. For example, program resources in isolated rural areas should be coordinated among educational and nealth care institutions in the area. One institution may offer the first phase of a career mobility program, such as training nursing aides to become licensed practical nurses. All participating aides in the community would attend that facility. Another institution might offer a program to upgrade licensed practical nurses to registered nurses.

3. Assess the resources available for a career mobility program. This assessment should include a consideration of funds available for the development of an educational program, tuition reimbursement, and relief replacement of trainees. Determine the kinds of staff and facilities available at the health care institution. If these are inadequate or unsuitable, consider the resources of educational institutions in the area, the kinds of programs they currently offer or could offer, and the possibility of initiating joint projects with nearby educational institutions and/or health care institutions.

4. Consider the scope of the program and its long-range implications. If a career mobility program is initiated in one family of jobs, can and will the institution be able to initiate such programs in other job clusters?

Guideline 3. Select the jobs at each level of the occupational category chosen and develop the corresponding job ladders for the career mobility program.

Personnel Involved

Once the need and the feasibility for such a program have been established, a standing advisory committee responsible for the development of the program should be designated. The committee should include administrative staff; staff from the departments affected by the career mobility program (representatives of medical and nursing staffs when indicated, representatives from allied health professions or the occupational groups affected by the career mobility program); and faculty and administrators from the educational institutions that

will cooperate in the design and operation of the program. Consideration of job ladders and employment opportunities should be decided only by the staff of the health care institution.

Subjects for Consideration

1. Carefully examine existing job descriptions in the occupations selected. Such descriptions would include the duties, tasks, and responsibilities assigned at each level. In nursing, for example, the functions of the nursing aide, the practical nurse, and the registered nurse should be clearly delineated.

2. Carefully examine related job functions at each occupational level to determine which functions carry over from one job level to the next. For instance, a nursing aide entering an educational program to become a licensed practical nurse should not have to study content and techniques he already knows. A delineation should be made of the kinds of additional education and experience needed to qualify as a licensed practical nurse. In addition, consider whether employees performing related skills in other occupations can serve as a source of recruitment for the career mobility program of a given occupational category. For example, can ward clerks be recruited for a job ladder in the medical record department?

3. Develop job ladders in which the requirements for each job level are clearly delineated. The ladder concept should provide for the systematic mobility of employees, upon completion of the stated requirements, to positions that call for those tasks and responsibilities.

Guideline 4. Identify and develop educational ladders and educational programs to meet the requirements of established job ladders. Develop support activities to help implement the program.

Personnel Involved

Discussions related to the design of educational ladders and programs should include the standing advisory committee. All questions related to the design and operation of educational programs at an educational institution must be decided by that institution, with the assistance of the health care institution. Individuals who will have

primary responsibility for the operation of the program in both the health care institution and the educational institution should be designated by each institution as soon as possible.

Subjects for Consideration

1. Establish agreements between educational institutions and health care institutions on the terms for the design and operation of the program.

2. Establish educational ladders by identifying specific educational objectives for each phase of the job ladder. These objectives should include the knowledge and skills the trainees should have upon completion of each step of the program.

3. Prepare or select the kinds of educational programs that are suitable for trainees to meet the educational objectives. Consider the need for remedial education and the proper mix of clinical and classroom training.

4. Determine the potential use of a core curriculum designed so that the completion of certain basic courses will meet the requirements for entrance into different health occupations. Trainees would thus have the option of going into one of several fields.

5. Ask the educational institutions to integrate educational experiences from one level to another, that is, to establish transferability of credit among educational institutions for courses required at different job levels. Consider teaching and curriculum at one level in terms of how they will fit into upper-level programs at educational institutions.

6. Ask the educational institution about the possibility of using equivalency measures, such as tests, to grant advanced placement in the educational institution to employees who have acquired knowledge and experience without having taken the formal education courses. For example, equivalency examinations can measure the achievement of a nurse in an academic area in which he has not received formal education. If he achieves a high enough score, he is exempted from the course requirement.

7. Consider the possibility of the employer using tests to examine

the performance of trainees and to grant exemption from certain aspects of the career mobility program in which the trainees' performance meets the requirements stated in the training objectives.

8. Consider certification, licensure, and accreditation requirements in designing the curriculum for employees in a given occupational category. Contact the appropriate professional associations and licensing boards. Many national associations have established model curricula that delineate the course requirements for practicing a particular occupation. If an occupation is licensed, those standards must be followed, or modifications should be sanctioned by the licensing board, so that trainees may qualify for and pass the licensure examination.

9. Decide whether the location of the educational program should be at the health care institution, the educational institution, or both. This choice depends on the need for clinical and classroom facilities and on their convenience to the trainee. Decide on the source of instructors for the program: the health care institution, the educational institution, or both.

10. Develop programs to gain support of supervisory personnel for the career mobility plan, to inform them of the proper use of upgraded personnel, and to establish methods for rearranging work schedules to account for loss of trainee work time. Commitment to the concept of career mobility must be reflected in the willingness of supervisory personnel to release employees for training and, upon completion of the program, for advancement to new positions.

11. Develop career counseling programs in which employees can develop plans for long-range occupational choices and goals. Also, counsel employees on upgrading programs and their advantages to the employee and the institution.

Guideline 5. Determine the costs of a career mobility program.

Personnel Involved

Discussions should be undertaken by the standing advisory committee and the individuals involved in fiscal affairs at the participating institutions.

Subjects for Consideration

The commitment to career mobility must be reflected in a budget that provides adequate finances to meet the costs of the program.

1. Determine the costs of program planning and development, including the costs of instructional materials, classroom and laboratory facilities, and administrative and teaching staff.

2. Determine additional costs to the health care institution for training of employees (including costs for relieving trainees and for released time for trainees), tuition reimbursement, scholarships and loans, and wage increases resulting from the program.

3. Determine whether the institution has the finances to sustain the program over a period of years and to implement programs for other occupational categories. Sufficient planning to provide for these costs is a reflection of the institution's long-range commitment to the concept of career mobility.

4. Determine costs under a combined arrangement among health care institutions, educational institutions, and perhaps private, community, or government organizations, in which all would share the program costs.

5. Review ongoing education and training programs in order to reduce unnecessary duplication of programs and expenditures.

6. Weigh the costs against the potential benefits of reducing the manpower shortage and employee turnover.

Guideline 6. Determine standards and procedures for selecting trainees to participate in a career mobility program. Accept applications and identify trainees for the program in consultation with all other participating institutions.

Personnel Involved

In addition to the staff and the standing advisory committee that will determine criteria for selection of trainees, a selection committee should be established by each participating institution.

Subjects for Consideration

The criteria for selection of employees to participate in a career mobility program should be based on an estimate of the trainees' ability to successfully complete the program in the assigned period of time. Careful consideration should be given to the selection of participants, because the success of the program, and perhaps future programs, is largely contingent upon the performance of the trainees.

1. Define minimal standards in terms of the educational background and experience required to enter the program. These standards should be based on the skills and knowledge required for each particular level of the career ladder.

2. Consider the establishment or use of adult basic and remedial education programs for those employees who have the potential but do not meet minimal entry standards.

3. Provide programs for the recruitment of employees. A procedure to attract the best employees could include a process of self-selection.

4. Provide assistance in adjusting to a new job situation. Include incentives for the employee to enter the program and assurances of good faith on the part of the employer to provide increases in wages and job responsibilities upon completion of the program. A career mobility program should not be undertaken unless there are, or shortly will be, higher-level jobs available for upgraded personnel.

5. Develop a complete personnel record for each employee. Consider the previous or current job performance of applicants to the program, including work record, length of time employed by the institution, and attendance. Consider reports from the supervisor regarding the potential and the commitment of the applicant.

6. Discuss with the applicants their interest and potential for job advancement. Clarify alternative job opportunities. Clarify the conditions for advancement.

7. Consider the need to tailor an educational program to the individual employee. This program should be based on the individual's ability to learn, the pace at which he learns, and his previous and current experience.

Guideline 7. Develop administrative policies and procedures to facilitate implementation of a career mobility program.

Personnel Involved

Discussions related to administrative arrangements in the health care institution should be undertaken by its staff. Those related to the educational institution should be decided by its staff. These arrangements affect work scheduling in the hospital as well as the scheduling of education or training courses at both the health care and educational institutions. The staff in charge of the program at each institution should be responsible for the development and implementation of these arrangements.

Subjects for Consideration

1. Provide for adjustment of the trainee's work schedule in order to accommodate the educational program. The staffs must decide whether the courses will be offered before, during, and/or after working hours to accommodate the different shifts at the health care institution and the scheduling at the educational institution.

2. Determine whether employees will be given released time or whether both the trainee and the institution will contribute time for training.

3. Decide whether an employee may repeat a training program in which he was not successful.

4. Provide for the replacement of trainees during training and upon completion of the program.

5. Provide for the placement and recognition of individuals upon satisfactory completion of the program. In other words, commitments to upgrade the trainee and his salary must be met as soon as possible. Prior to his entrance into the program, the employee should be informed whether his promotion is automatic or contingent upon the availability of positions when he completes the program. Consider the possibility of a pay increase upon completion of the program, even if no jobs are immediately available.

Guideline 8. Establish safeguards for the protection of patients, health care institutions, educational institutions, and trainees during the career mobility training.

Personnel Involved

Discussions relating to the development of safeguards during training should involve the advisory committee and the staffs of the participating institutions.

Subjects for Consideration

The establishment of safeguards is a necessity when training individuals in new duties that affect the welfare of patients. A number of measures already in existence should be reconsidered in training an employee for new duties:

1. Provide adequate supervision for the trainee.
2. List the scope of functions and the tasks a trainee can perform on the basis of his education and experience.
3. Provide procedure manuals to which the trainee can refer (such as those published by the Joint Commission on Accreditation of Hospitals).
4. Provide periodic evaluation of the performance of the trainee.
5. Provide sufficient liability insurance to protect all the parties involved.

Guideline 9. Evaluate the effectiveness of the program. Determine what changes can be made to improve the operation of the program.

Personnel Involved

Discussions regarding the evaluation of the program should involve the staff of participating institutions and the advisory committee.

Subjects for Consideration

The means of evaluation should be selected early in the planning of the program. The committee should review the rationale for implementing the career mobility program and the expected results.

Based on these expectations, it should study the actual results. The evaluation should be an ongoing process, and the results of the evaluation should be part of the record maintained on the program.

1. Consider the success of the program in reducing manpower shortages, in reducing the turnover rate among participating employees, and in increasing the productivity of these employees. Such evaluations must be based on previously established data.

2. Evaluate the overall operation of the program with regard to the educational program, the administrative arrangements at both the hospital and the educational institution, the criteria for selection of participants, the counseling of employees, and the training of supervisors.

3. Choose a realistic time element for the evaluation. Give the program a chance to develop its effects on morale, turnover, and overall employee performance. One or more cycles should be completed before a satisfactory assessment can be made.

4. Determine the actual costs of the program and decide whether the results indicate that the program should be continued.

5. Determine what improvements or adjustments should be made in the career mobility program.

GLOSSARY

This glossary defines the words in the context in which they have been used in this publication. It also includes some commonly used career mobility terms that have not been mentioned in the text.

Career ladders. Sequences of promotional steps linking jobs that ideally should be related in the same job family. The ladder concept permits an employee to build from his current education and experience and advance to the next step. It is probable that promotional lines in career ladders are not achievable without the provision of formal educational programs as well as relevant on-the-job training.

Career lattice. A series of career ladders that link laterally related jobs. Entry-level and intermediary-level jobs related to more than one job family can be rungs on several job ladders. For example, central service positions can provide entry into nursing or dietetic careers.

Career mobility program. A program that is committed to the concept of promotion from within and that implies the development of career ladders and the provision of education necessary for employees to ascend those ladders. The program should include educational courses, certification, released-time training, trainee selection, evaluation and placement, remedial training, and counseling.

College-Level Examination Program (CLEP). A national program of examinations developed by the College Entrance Examination Board. The program can be used to evaluate nonformal college-level education. This is accomplished through offering credit by examination and subsequent granting of advanced placement within an academic program. The program assists adults who have gained knowledge and experience outside formal educational programs but who wish to continue their education in order to meet licensure and certification requirements or to qualify for higher positions.

Core curriculum. Common requirements that include certain skills and educational courses for a number of occupational programs. These units of study can be offered to students preparing for various jobs that are part of the same family of occupations.

Educational ladder. A series of related educational programs that fulfill the educational requirements for all the jobs in a ladder and provide for continuous educational movement along the ladder from entry level to professional levels, but with exit credentials for all intermediary jobs involved along the way.

Equivalency examinations. Examinations that test the academic achievement of individuals. They are used to determine to what degree an individual has achieved, through nonformal learning experiences, the level of knowledge represented by specific formal educational programs or courses. Grades on such examinations are used for exempting individuals from required courses, for exemptions with course credits, or for entrance into course programs with or without advanced standing.

General Equivalency Diploma (GED). The equivalent of a high school diploma, acquired by passing the GED examination. No formal education courses are required to take the examination.

Job analysis. The process of identifying and evaluating the activities of a particular job for the purpose of career ladder development. Job analysis should break work into activities, so that skills and knowledge requirements can be identified and rated with respect to each level of the ladder.

Job enlargement. The process of increasing the variety of tasks and broadening the scope of a job for the purpose of reducing monotony and more fully utilizing the present or potential skills and capabilities of the individual. For example, the job of a personnel assistant who interviews applicants can be enlarged by adding to the job the assignment of conducting a weekly orientation session for new employees.

Job families. Groupings of related jobs that draw on similar skills and subject matter (also called **job clusters**). The similarity of skills and knowledge required among jobs in a family implies that the experience acquired in one position is easily transferred to the work required in another. Movement between related jobs would therefore require a minimal amount of additional training.

Job redesign. The process of reorganizing or reassigning work activities to a job title. This comes about as a result of task analysis whereby new groupings of tasks are combined to create new jobs or to change existing jobs.

Occupational mobility. The movement of individuals from one job to another within institutions or across institutions.

Proficiency examinations. Examinations that measure the competence of individuals with respect to their knowledge and performance of skills related to the requirements of a specific job. Such testing is therefore not only a measure of the knowledge gained through instruction but also an assessment of job performance capabilities.

Skills inventory. A battery of tests designed to determine the existing and potential skills of an employee.

Task analysis. The process of job analysis in which the work activities of a job are separately identified and studied. The unit of work activity, called the *task*, usually is of such size that a meaningful production output can be associated with it. The interrelationship of tasks underlies the development of job families and the creation of career ladders.

Upgrading. The movement of an employee from one title and wage level up to a new job title at a higher wage level in a given institution.

Upgrading training. The training of an employee, while he is employed in one position, to qualify for a higher-level position requiring additional skills and offering a higher salary.

Upward mobility. Occupational mobility of employees in the direction of increased status, income, and responsibility.

CAREER MOBILITY PROFILES

CAREER MOBILITY PROFILES

These capsule descriptions (profiles) present various approaches to the development of career mobility programs and provide a sampling of the health occupations for which such programs have been implemented. The profiles are intended to serve as an additional resource to those individuals responsible for planning and developing a career mobility program.

Each profile contains some of the elements of a career mobility program that have been suggested in the AHA publication Career Mobility: A Guide for Program Planning in Health Occupations. Most were started as one-step upgrading programs, from which a several-step job ladder will possibly be developed.

The profiles encompass three categories of career mobility programs: those in hospitals, those in neighborhood health centers, and those in educational institutions.

Title: Baltimore City Hospitals

Location: Baltimore, Md.

Date initiated: 1969

Purpose of program: To provide an education and training program for entry-level employees. Some aspects of the program are:

1. The trainee receives orientation to the hospital and to the various jobs available. The trainee rotates through seven different positions before making a job selection.

2. The trainee is given specific job training for the position selected. When necessary, he also participates in a basic academic educational program of language arts and mathematics. Trainess are tutored individually from grade levels one through 12 by members of the education department.

3. The need for and content of other training programs are determined by department heads. The education department develops the programs in conjunction with the individual departments and with local community colleges and high schools.

4. In the department of nursing, nursing aides can improve their general education and, if they qualify, attend the hospital's school for licensed practical nurses on a stipend from the hospital. Under a proposed plan, during the second year, they will be able to attend a community college to become registered nurses.

For further information, write to:

Director of Education
Baltimore City Hospitals
4940 Eastern Avenue
Baltimore, Md. 21224

Title:	Brooklyn-Cumberland Medical Center/Long Island University Medical Services Associate Program
Location:	Brooklyn, N. Y.
Date initiated:	1970
Purpose of program:	To train returning medical corpsmen and neighborhood residents to become physician's assistants. The initial group of trainees included nine corpsmen; 11 corpsmen were in the second class. Now in the fourth semester of the first class, 16 students remain in the course, including three women and four former employees of the Brooklyn Hospital. The course participants were selected by a team of interviewers that included residents from the community (as does the advisory board). The educational program was written jointly by Long Island University, where the students attend classes in the morning, and the Brooklyn-Cumberland Medical Center, where they get their clinical experience. Remedial courses in noncredit English and mathematics were offered initially. The students receive tuition grants plus stipends from the Model Cities Program, from the Veterans Administration, or from the fund built into the program grant from the Bruner Foundation. There is no time for employment during the two-year program period. Upon completion of the program, the trainees expect to remain in the community to alleviate the shortage of general practitioners.
For further information, write to:	Director of Medical Services Associate Program The Brooklyn Hospital 121 DeKalb Ave. Brooklyn, N.Y. 11201

Title:	The Brooklyn Hospital
Location:	Brooklyn, N.Y.
Date initiated:	1958
Purpose of program:	To train and upgrade employees in all levels of the dietary department. An ongoing inservice training program is conducted for all employees of the dietary department. It is used to evaluate and select potential personnel for career mobility and upgrading. Dietary aides can advance to the technician level through on-the-job training. After this stage, employees generally are enrolled in a formal educational program. Employees attending classes do so on released time at full salary. Full-time students are given as much part-time employment as they can handle. Tuition is reimbursed through the hospital tuition assistance plan. In 1969 the turnover rate was 51 percent for the total hospital, whereas the turnover rate was 24 percent in the food service department.
For further information, write to:	Director, Food Services The Brooklyn Hospital 121 DeKalb Ave. Brooklyn, N.Y. 11201

Title:	Jackson Memorial Hospital Part-Time LPN Program
Location:	Miami, Fla.
Date initiated:	1970
Purpose of program:	To upgrade nurse assistants to licensed practical nurses. The program is designed to allow employees to work and earn as they learn. The curriculum, consisting of 44 semester hours, is divided into five phases. Phases 1 and 2 include electives and basic nursing courses and a 40-hour work week for the employee-students; however, they can have their work schedule rearranged to accommodate their studies. Phases 3 through 5 involve lectures and clinical training. All courses are taught at the hospital by the faculty at Miami-Dade Junior College. During Phases 1 and 2 classes are conducted from 4 to 6 pm, with students carrying two college-level courses. In Phases 3, 4, and 5, work schedules are arranged around class schedules. Employees' work time is reduced from 40 hours to a minimum of 20 hours a week, and employees retain full-time status.

The program was initiated with 30 students in Phase 1, and 30 students are to be added each semester. The program is now in Phase 4, and many students are interested in pursuing studies for the two-year associate degree in nursing. Some of the details of operation include:

1. The student can be reimbursed for half his tuition upon successful completion of a course during Phases 1 and 2. Success and interest can be further rewarded through a full tuition waiver plan offered by Miami-Dade Junior College for the remainder of the program.

2. Students range in age from 25 to 45 years.

3. Remedial education programs for high school equivalency requirements are offered in the hospital by the Dade County School System; 177 employees have completed their high school equivalency requirements, and 39 of this group are in the program for training licensed practical nurses.

4. Fourteen credit hours of the 44 college credits earned in the licensed practical nurse program are transferable toward an associate of arts degree.

For further information, write to:

Education Coordinator
Jackson Memorial Hospital
1700 N.W. 10th Ave.
Miami, Fla. 33136

Title: The Johns Hopkins Hospital

Location: Baltimore, Md.

Date initiated: 1969

Purpose of program: To offer several upgrading programs to employees. Some aspects of the programs are:

1. To develop a job ladder in the service units such as nutrition, medical records, central supply, escort messenger, and housekeeping. The training department developed these ladders by rewriting job descriptions. The training programs were developed through a subcontract with the Westinghouse educational division under a Department of Labor JOBS contract. The Westinghouse staff instructs the hospital's supervisors on the use of instructional material, and the supervisors keep the training records on employees. The training objectives are written in behavioral terms so that the employee knows which skills he must master. The trainees receive four hours per day of orientation and job-related education. During the on-the-job training period, they are rotated through all the jobs in a particular area. In nine months, 50 people have gone through this procedure in housekeeping.

2. To train returning medical corpsmen to become nursing technicians (one step below a licensed practical nurse). The program, which began in October 1969, is now in its fourth cycle (8 weeks each) and has trained 100 men. Many trainees have continued their education in community colleges at Hopkins' expense in order to become registered nurses. The results of the three formal studies on the corpsmen program are as follows:

   a. The cost of the bedside nursing staff per patient day was 13 percent less on the floor using medical corpsmen. Care of at least equal quality was given at less direct personnel cost to more patient admissions for more patient days with more patient care demands than was given on another floor partly staffed by private-duty nurses.

b. During the first six months of the program, the hospital was able to reopen 13 beds that had been closed.

c. The cost for private-duty nurses in the clinic was reduced. The saving in payroll expenses for the next six months will amount to $59,000.

The Johns Hopkins Hospital recently requested federal funds for a program to permit corpsmen to enter the registered nurse program at the Baltimore Community College and to take the challenge examinations.

For further information, write to:

Coordinator of Training
The Johns Hopkins Hospital
601 N. Broadway
Baltimore, Md. 21205

Title:	Montefiore Hospital
Location:	Bronx, N.Y.
Purpose of program:	To offer several upgrading programs to employees. Some aspects of the program are:

1. To develop a career ladder in nursing. The hospital with the aid of state funds, has instituted a 10-week training program for nursing aides. After one year in that position, the aide is eligible for an 18-week course to become a senior aide. Sixty aides have gone through this program, and all are still employed at the hospital. As a result of the training fund established by Local 1199 of the AFL-CIO, the aides are eligible for a 14-month licensed practical nurse program (alternating weeks of training with working) at regular salary. In addition, licensed practical nurses are eligible for various registered nurse programs through the Hospital League Local 1199 Training and Upgrading Fund. They are released on a working-training basis similar to the licensed practical nurse program but for a longer duration.

2. In 1969 the hospital and the Dr. Martin Luther King Jr. Health Center developed a $3\frac{1}{2}$-year program at Lehman College leading to a bachelor of science degree in medical services administration. The program was designed to train employees of the sponsoring institutions for administration of an outpatient center. The selection committee and advisory board to the program are comprised of members from both the hospital and the health center. The trainees must have a high school diploma to qualify. They receive a stipend equivalent to their salaries.

3. The hospital offers employees a voluntary basic education program. It consists of language classes for Spanish-speaking people and classes for employees to qualify for the general educational development examinations. These courses prepare people for entrance into a formal program or for individual on-the-job training in a new skill area.

4. The hospital also offers a program to train entry-level workers to become operating room technicians. It is a nine-month full-time course at regular salary.

For further information, write to:	Director of Training Montefiore Hospital 111 East 210 St. Bronx, N.Y. 10467

Title: South Chicago Community Hospital School of Nursing

Location: Chicago, Ill.

Date initiated: 1970

Purpose of program: To enable licensed practical nurses to become registered nurses in 20 months rather than in three academic years. All course work will be done at the hospital except for a psychiatric nursing course conducted at the Read-Chicago State Mental Health Center Complex. The school is recruiting licensed practical nurses from Illinois. Financial aid for student tuition and board is available in the form of loans, scholarships, and part-time employment at the hospital. Students are encouraged to ask their hospitals to sponsor them, with the commitment that they will return to that hospital upon completion of the program.

For further information, write to: Nursing Director
South Chicago Community Hospital School of Nursing
2320 East 93rd St.
Chicago, Ill. 60617

Title: University of Chicago Hospitals and Clinics

Location: Chicago, Ill.

Date initiated: 1969

Purpose of program: To train entry-level workers with no marketable skills to enter career ladders in nursing, laboratory work, clerical areas, and supervisory training. The hospital provides basic courses in English, reading, and mathematics and, as needed by the employees, training in the requirements for the general educational development examinations.

The nursing ladder includes a program to train nursing aides and other hospital employees to become licensed practical nurses. This is an 80-week program of part-time work and part-time study at full salary. The hospital releases the employee for 10 hours of study per week, and the employee contributes five hours of his own time for classroom work. The hospital is developing a program on the premises, in conjunction with a Chicago junior college, that will permit experienced licensed practical nurses to become registered nurses in three trimesters.

Those who enter the laboratory ladder take a 26-week basic hospital science course, which is a core course in basic laboratory procedures. Upon completion, the trainees are rotated through various laboratories in the hospital. The hospital will institute, by fall 1971, a medical laboratory technician program in conjunction with a Chicago junior college. Students also are qualified to enter other laboratory training programs within the hospital--namely, as technicians in pharmacy, and as assistants in histotechnology and dermatology.

The career ladder in the clerical areas includes training in basic typing, intermediate typing, and medical transcription (beginning and advanced), as well as in becoming a ward secretary or clinic coordinator. An advanced secretarial course is planned. Individuals with no clerical skills may enter the basic typing course and move into higher levels of training as their interest and skills dictate.

Supervisory training is available to all hospital supervisory personnel. The courses consist of four weeks of training within the hospital and prepare individuals with new awareness, new knowledge, and the necessary skills to become supervisors within the hospitals. Employees participate in supervisory training courses from 9 am to 3 pm for five consecutive days, apart from their regular work schedule. This practice is repeated four times in the 15-month course, and these four programs include training in leadership, communications, problem-solving, and objective setting. This approach to management has allowed the institution to deal with managers' attitudes toward work, toward each other, and toward employee training and development.

For further information, write to:

Director
Education and Training Department
University of Chicago Hospitals and Clinics
950 East 59th St.
Chicago, Ill. 60637

Title:	Providence Hospital School of Nursing
Location:	Southfield, Mich.
Date initiated:	1967
Purpose of program:	To enable licensed practical nurses to qualify for registered nurse licensure in a 12-month period. Selected candidates must meet criteria established by the school of nursing and give evidence of potential for success as a registered nurse candidate. The hospitals these students come from often grant loans and/or part-time employment to help students offset educational expenses. In addition to school tuition and fees, the program is financially supported by the hospital. The project is in the fourth year of a five-year Department of Health, Education and Welfare grant to study and document outcomes. The advanced placement of licensed practical nurses has become an integral part of this two-year diploma program and will continue as such.
For further information, write to:	Director, School of Nursing Providence Hospital 16001 W. Nine Mile Rd. Southfield, Mich. 48075

Title: Community Group Health Foundation, Inc.

Location: Washington, D.C.

Date initiated: 1969

Purpose of program: To train neighborhood residents of the Upper Cardoza area in paramedical positions such as family health workers, medical and dental technicians, pharmacy aids, medical record coding clerks, dental aides, and health educator aides. All workers are paid while in training. They engage in on-the-job training and prepare for the general educational development examinations while continuing education in other academic subjects.

The present training program, which is sponsored by Howard University, Community Group Health Foundation, Inc., and the Office of Economic Opportunity, is linked to the local community college (Federal City College). The design of the program enables trainees to earn college credits for core group (group process), core curriculum (symposium), English, mathematics, biology and on-the-job training (practicum). The courses are taught in the training department at Community Group Health Foundation, Inc., to economize on travel time and expense.

All credits qualify trainees for an associate degree (A.A.) and are transferrable toward higher degrees at Federal City College.

For further information, write to:

Director of Training
Community Group Health Foundation, Inc.
3308 - 14th St., N.W.
Washington, D.C. 20010

Title: Dr. Martin Luther King Jr. Health Center

Location: Bronx, N.Y.

Date initiated: 1966

Purpose of program: To train neighborhood residents in a variety of health occupations. Four times a year a group of 15 trainees enters an eight-week basic training program. This part of the program has several goals:

1. To allow trainees to make intelligent selections of health careers through the use of field visits and counseling.

2. To expose trainees to health and community resources that may be of help to them and their friends in their work and in their private lives.

3. To equip trainees for health careers through a program in basic health skills and medical terminology.

4. To provide a high school equivalency program in mathematics, science, and English.

5. To acquaint trainees with the goals of the Martin Luther King Jr. Health Center.

Following the eight-week basic training course, graduates move on to specialized training. Some are trained for and by hospitals as laboratory technicians, in medical-clerical jobs, or as assistants in physical therapy or recreational therapy. Others train in the health center for various jobs, including family health workers, clerical personnel, teacher-counselors in training, and dental assistants.

The second phase of the program is referred to as on-the-job training. Some people may be trained for three months, others seven months, and still others for from 10 months to two years, depending on the kind of job and skill involved. The more skill needed to perform the job or to get a license, the longer the period of training.

Arrangements have been made for some employees to attend college to get their degrees. Some employees are released 50 percent of the time; others are released 20 percent of the time to attend college at agency expense. Some of the graduates have been upgraded to more responsible jobs--both in hospitals and in the health center.

For further information, write to:

Director of Training
Dr. Martin Luther King Jr.
Health Center
3674 Third Avenue
Bronx, N.Y. 10456

Title:	Med-Vet Project, El Centro College
Location:	Dallas, Tex.
Date initiated:	1970
Purpose of program:	To develop an associate degree nursing program for veterans with past medical corps training to become registered nurses. The program builds on their previous training and aims to encourage ex-corpsmen to remain in the health care field. The college has received pilot study status from the State Board of Nurse Examiners. The reduction of the two year educational requirement is pending the pre-testing of students admitted. In the first semester there is a remedial program to correct academic and practical nursing deficiencies. Funds for the program come from the United States Public Health Service. Financial aid is available to students through veterans' programs, college financial aid programs, and part-time work in 16 hospitals in the Dallas area. Course work is taught on the college campus. College instructors supervise clinical experience in 13 local hospitals.
For further information, write to:	Med-Vet Project El Centro College Main and Lamar Sts. Dallas, Tex. 75202

Title:	State College of Arkansas
Location:	Conway, Ark.
Date initiated:	1970
Purpose of program:	To prepare candidates for a B.S. degree in nursing and to provide career options at various points during the educational program. Candidates will be prepared to practice as a practical nurse after one year of training and as a registered nurse after two years of training. The students must be interested in pursuing the B.S. degree. However, if they are forced to leave the program before its completion, they will have the qualifications for a practical nurse or registered nurse and will not have to leave the health field. In addition, they will be able to pursue the B.S. degree at some future time. Advanced candidates will not be admitted unless others have dropped out. Courses will be taken at the college, and clinical experience will be supervised by college instructors at Arkansas Baptist Medical Center in Little Rock and at other health facilities in Little Rock and in Conway.
For further information, write to:	Department of Nursing State College of Arkansas Conway, Ark. 72032

Title:	National Committee for Careers in the Medical Laboratory Proficiency Examinations Project for Clinical Laboratory
Location:	Bethesda, Md.
Date initiated:	1970
Purpose of program:	To overcome academic and licensing requirement barriers in the employment or promotion of able workers by the development of a battery of examinations. The proficiency examinations will be used by employers to measure the job-related skills and knowledge of laboratory personnel for their placement at appropriate positions in clinical laboratories. The project should be of assistance to military-trained medical laboratory specialists, certified laboratory assistants, graduates of commercial laboratory training programs, and others who have gained on-the-job knowledge, by providing them with an opportunity to receive advanced job placement based on their demonstrated abilities. Examinations are being developed in the fields of clinical chemistry, microbiology, hematology, and immunohematology. The proficiency examinations are being produced by the Educational Testing Service under the guidance of an interdisciplinary advisory committee and with the direct assistance of examining committees made up of experts in the fields involved. The examinations will be ready in fall 1971. The Manpower Administration of the Department of Labor is funding the development of proficiency examinations. (This project is being coordinated with the development of equivalency examinations for clinical laboratory personnel.)
For further information, write to:	Proficiency Examinations Project National Committee for Careers in the Medical Laboratory 9650 Rockville Pke Bethesda, Md. 20014

Title:	U.S. Department of Health, Education, and Welfare Equivalency Examination Project for Clinical Laboratory Personnel
Location:	Bethesda, Md.
Date initiated:	1970
Purpose of program:	To enable individuals who have acquired medical laboratory knowledge and skills in nonacademic settings, particularly the military services, to receive educational credits for their acquired abilities. In addition to veterans, certified laboratory assistants, graduates of commercial laboratory training programs, and others who have gained on-the-job knowledge also will have a means for getting academic recognition to qualify for more responsible jobs. The Educational Testing Service will develop medical technician equivalency tests for the College Level Examination program of the College Entrance Examination Board. Content of the tests will focus on knowledge and skills in clinical chemistry, microbiology, hematology, and immunohematology. It is expected that the equivalency tests will be completed by the beginning of the 1972 academic year. (This project is being coordinated with the development of proficiency tests in the same four areas.)
For further information, write to:	Executive Director Council on College Level Examination 888 Seventh Ave. New York, N.Y. 10019